

# **CITY OF FAYETTEVILLE ALCOHOLIC BEVERAGE FEE SCHEDULE**

## **Application Fees**

- 1) Licensee---\$200.00 (Retail/Convenience stores)
- 2) Licensee---\$300.00 (Consumption on Premise)
- 3) Licensee---\$24.00 (Certified Check or Money Order made payable to GBI, to be paid at Police Dept. at time of fingerprinting)
- 4) Employee Permit---\$20.00
- 5) Wholesale---\$200.00

## **License Fees---Consumption on the Premises**

- 1) Liquor---\$5,000.00  
Plus three percent (3%) of liquor sales to be paid monthly
- 2) Beer, Wine & Liquor---\$7,000.00  
Plus three percent (3%) of liquor sales to be paid monthly
- 3) Beer & Wine---\$2,000.00
- 4) Beer Only---\$1,000.00
- 5) Wine Only---\$1,000.00
- 6) Catering---\$250.00 (plus \$25 permit for each event)

## **License Fees---Retail/Convenience Stores**

- 1) Beer---\$500.00
- 2) Wine---\$500.00

**PLEASE NOTE: STATE ALCOHOL LICENSE ALSO REQUIRED FOR SELLING/SERVING ALCOHOL. THE STATE REQUIRES A COPY OF THE LOCAL (CITY) ALCOHOL LICENSE BEFORE ISSUING A STATE ALCOHOL LICENSE.**

**ZONING DEPARTMENT MUST VERIFY THAT DISTANCE REQUIREMENTS FOR SELLING/SERVING ALCOHOL ARE MET.**

# CITY OF FAYETTEVILLE ALCOHOL LICENSE APPLICATION

|                                      |  |
|--------------------------------------|--|
| <b>IDENTIFICATION SECTION</b>        |  |
| <b>1</b>                             | Enter state taxpayer identifier (STI) here:  |
| <b>2</b>                             | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Name of Licensee:</div> <div style="width: 45%;">Social Security Number:</div> </div> <div style="margin-top: 5px;">Date of Birth:</div>   |
| <b>3</b>                             | Is Licensee a Corporation?      Yes _____ No _____<br>If "yes", name and address of Registered Agent:  |
| <b>4</b>                             | Legal Business Name and address:<br><br>General Manager Name:  |
| <b>5</b>                             | License Year for which Application is made:  |
| <b>ALCOHOL INFORMATION SECTION</b>   |  |
| <b>6</b>                             | When did you or will you begin selling alcoholic beverages for which this application is made?      Date:    /    /  |
| <b>7</b>                             | Type of License: (Check all that apply)<br><br><div style="margin-left: 40px;">           1) Retail/Convenience Stores (check all that apply) (Total application fee \$200.00)<br/>               _____ Beer - Application Fee \$200.00 &amp; License Fee \$500.00<br/>               _____ Wine - Application Fee \$200.00 &amp; License Fee \$500.00<br/><br/>           2) Consumption on Premise (Pouring) (Check all that apply) (Total application fee \$300.00)<br/>               _____ Beer - Application Fee \$300.00 &amp; License Fee \$1,000.00<br/>               _____ Wine - Application Fee \$300.00 &amp; License Fee \$1,000.00<br/>               _____ Liquor - Application Fee \$300.00 &amp; License Fee \$5,000.00<br/><br/>           3) _____ Off Premise Catering - \$250.00 License Fee         </div>   |
| <b>8</b>                             | Type of Business: (check one)<br>_____ Restaurant    _____ Retail Stores    _____ Wholesale Stores    _____ Catering   |
| <b>9</b>                             | Do you comply with the distance requirements of City Ordinance Sect. 10-34, no. (b)(6) ?<br>_____ Yes    _____ No    ZONING DEPT. VERIFICATION: _____  |
| <b>CRIMINAL HISTORY CONSENT FORM</b> |  |
| <b>10</b>                            | I, _____, hereby give my permission to the City of Fayetteville Police Department to fingerprint me, also authorize the City of Fayetteville Police Department to run a criminal background check for the purpose of investigating my background in order to obtain an Occupational License to operate a place of business handling Alcoholic Beverages.   |
| <b>SIGNATURE SECTION</b>             |  |
| <b>11</b>                            | I declare under penalty of perjury that this application has been examined by me, and to the best of my knowledge and belief is true, correct and complete.<br><br><div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%; text-align: center;">_____<br/>Signature</div> <div style="width: 30%; text-align: center;">_____<br/>Title</div> <div style="width: 30%; text-align: center;">_____/_____/_____<br/>Date</div> </div> <p style="margin-top: 10px;">(Must be signed by licensee. If the licensee is a corporation, must be signed by an officer of the corporation. Stamped signature not acceptable)</p> <p style="margin-top: 10px;">I hereby certify that _____ is personally known to me, that said applicant signed the foregoing application after stating to me personal knowledge and understanding of all statements and answers made herein, and, under oath actually administered by me, has sworn that said statements and answers are true.</p> <p style="margin-top: 10px;">This _____ day of _____, _____</p> <p style="text-align: right; margin-right: 50px;">Notary Public</p> <p style="text-align: center; margin-top: 10px;">AFFIX SEAL</p> |
| <b>12</b>                            | <b>FOR OFFICE USE ONLY</b>   |
|                                      | Check all that apply:<br><br>_____ Beer    _____ Wine    _____ Liquor    _____ Catering  |

(Please Type or Print)

|          |   |
|----------|---|
| <b>1</b> | Last Name _____ First _____ MI _____ Social Security No. _____  |
| <b>2</b> | Date of Birth      /    /                  Race _____ Male _____ Female _____<br>Home Address (Do not use P.O. Box) _____   |
| <b>3</b> | City _____ State _____ Zip _____ Home Phone<br>(     ) _____  |
| <b>4</b> | Address for Day Contact (Do not use P.O. Box) _____<br>City _____ State _____ Zip _____ Daytime Phone<br>(     ) _____  |
| <b>5</b> | Marital Status       Single _____ Married _____ Divorced _____<br>If Married, spouse's name: First _____ MI _____ Social Security No. _____   |
| <b>6</b> | Are you a resident of Georgia? Yes _____ No _____ If "yes", how long? Years _____ Months _____  |
| <b>7</b> | Have you ever been arrested, indicted, or convicted for any offense by any state, county, city, federal or foreign governmental authority? Yes _____ No _____ If "yes", give full details. Do NOT include minor traffic violations. Give reasons charged or held, date, place where charged and disposition. FAILURE TO MAKE FULL DISCLOSURE IN RESPONSE TO THIS QUESTION MAY RESULT IN DENIAL OR SUBSEQUENT REVOCATION OF THE LICENSE.<br><br>_____<br>_____<br>_____  |
| <b>8</b> | Have you ever had any beneficial interest in any other alcoholic beverage business in this or any other state in which the alcohol license was denied or revoked or any other disciplinary action was taken? ("Beneficial interest" as used here means: when a person holds the license in his own name or when he has a legal, equitable or other ownership interest in, or has any legally enforceable interest or has financial interest, or derives economic benefit from, or has control over a business.)<br>Yes _____ No _____ If "yes", complete the following:<br><br>Alcohol License No. _____ % And Type Interest _____<br><br>Legal Business Name: _____<br><br>Trade Name/DBA Name: _____<br><br>Number and Street _____<br><br>City _____ County _____ State _____ Zip _____<br><br>Describe what action was taken:<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ |

**Signature Section****9**

Before signing this statement, check all answers and explanations to see that you have answered all questions fully, completely and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets herewith. Stamped signature is not acceptable.

I, \_\_\_\_\_, do solemnly swear, subject to the penalties of false swearing, that the statement and answers made by me in the foregoing personnel statement are true and correct. Also, I hereby authorize the Fayetteville Police Department to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Signature

I hereby certify that \_\_\_\_\_ signed his name to the forgoing statement after stating to me under oath administered by me, that all statements and answers are true and correct.

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Notary Public

Affix Seal

**CERTIFICATE OF RESIDENCE  
FOR RETAIL LICENSE APPLICANTS ONLY**

STATE OF GEORGIA, \_\_\_\_\_ COUNTY:

I, \_\_\_\_\_, Judge of the Probate Court for  
\_\_\_\_\_ County, Georgia, hereby certify that \_\_\_\_\_  
is a bona fide resident of the State of Georgia, based upon the affidavit of applicant, and the  
evidence submitted therewith.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said  
Probate Court, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Judge of the Probate Court

\_\_\_\_\_  
County, Georgia

(AFFIX SEAL)

**NOTICE OF PUBLIC HEARING**  
**ON PREMISE CONSUMPTION**

Application has been made by the undersigned requesting the issuance of a license to sell Malt Beverages, Wine and/or Distilled Spirits for On Premise Consumption at the following location:

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
(Please Print)

**The application will be heard by the Mayor and Council of the City of Fayetteville,  
at City Hall, 240 South Glynn Street, during a public hearing to be held on:**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, at 7:30 p.m.  
Month Day Year

Applicant's Signature: \_\_\_\_\_

To Be Advertised: \_\_\_\_\_  
\_\_\_\_\_

Fax to: Fayette County Daily News

Attention: Lynn Crittenden  
770-460-8172

COPY OF ALCOHOL ORDINANCE RECEIVED: \_\_\_\_\_

## City of Fayetteville Mixed Drink Tax Report

|   |  |               |
|---|--|---------------|
| Business Name:  |  | Phone Number: |
| <b>Due the 10<sup>th</sup> day<br/>of the following<br/>month</b>   | <div style="border-bottom: 1px solid black; width: 80%; margin: 0 auto;"></div> <div style="text-align: right; margin-top: 5px;">MONTH</div> |               |
| Gross receipts from Spirituous Liquor   | \$   |               |
| 3% Local Sales Tax Collected  | \$   |               |
| Less 3% Collection Fee (IF Submitted on time)   | \$   |               |
| Total Tax Remitted  | \$   |               |
| <p>I certify under penalty of perjury that this is a true and correct report of all spirituous liquors by the drink sold in the city of Fayetteville during the month shown on this report.</p><br><br><div style="border-bottom: 1px solid black; width: 30%; margin-bottom: 10px;"></div> Signature of Person Preparing Report<br><br>Printed Name of Person Preparing Report: <span style="border-bottom: 1px solid black; display: inline-block; width: 300px;"></span><br><br>Telephone Number of Same: <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> |  |               |
| <b>To be submitted monthly, make additional copies as needed</b>  |  |               |